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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**    **\*\* SMALL ENTITY \*\***  
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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MO	SHEETS DRAWING 5	TOTAL CLAIMS 95	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>M. S. Pekosz</i> <i>MPS</i>	Examiner's Signature Initials			

**ADDRESS**  
21888 *MPS 05/14/07*

**TITLE***MPS 05/14/07*

METHODS AND COMPOSITIONS FOR DETECTION OF SEGMENTED NEGATIVE STRAND RNA VIRUSES

FILING FEE RECEIVED 1275	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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